

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/359501

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1				
2						
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	—					
12	1					
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14	1					
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50						
TOTAL IND.	2		2		2	
TOTAL DEP.	18	2	18	2	18	2
TOTAL CLAIMS	20		20		20	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			2		2	
TOTAL DEP.			18		18	
TOTAL CLAIMS			20		20	